

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/598529

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | 1 | | 1 | |
| 2 | | | | 1 | | 1 |
| 3 | | | | 1 | | 1 |
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| TOTAL IND. | 0 | ↓ | 24 | ↓ | 15 | ↓ |
| TOTAL DEP. | 0 | ← | 23 | ← | 32 | ← |
| TOTAL CLAIMS | 0 | | 47 | | 47 | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | 0 | ↓ | 0 | ↓ | 0 | ↓ |
| TOTAL DEP. | 0 | ← | 0 | ← | 0 | ← |
| TOTAL CLAIMS | 0 | | 0 | | 0 | |